Health Care Providers

"My life is a practice of gratitude. I am involved in a system that produces qualified committed counselors who demonstrate personal and professional integrity. I thank God for my recovery."

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Health

Hope

Service

Treatment

Prevention

join the voices for recovery

on pathways to wellness



HEALTH CARE PROVIDERS

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) (http://www.samhsa.gov), within the U.S. Department of Health and Human Services (HHS) (http://www.hhs.gov), sponsors **National Recovery Month**). Now in its 24th year, this observance increases awareness and understanding of mental and substance use disorders. It promotes the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover.

The 2013 **Recovery Month** theme, "Join the Voices for Recovery: Together on Pathways to Wellness," represents the many ways that people can prevent behavioral health issues, seek treatment, and sustain recovery as part of a commitment to living a mentally, physically, emotionally, and spiritually healthy life. While family, friends, and community members can support individuals throughout their unique recovery journeys, health care providers are vital to these processes. They facilitate pathways to wellness by offering professional treatment, medical care, and group support.

Collaborating with health care providers is a key focus of SAMHSA's Health Reform Strategic Initiative (http://www.samhsa.gov/healthreform). This initiative seeks to increase access to high-quality prevention, treatment, and recovery services. It works to promote integration and coordination of care, especially for people with behavioral health and co-occurring conditions.\(^1\) Health care providers are also critical to executing SAMHSA's Wellness Initiative, which promotes wellness for people with mental and/or substance use disorders. This program motivates individuals, organizations, and communities to work toward improved quality of life and better mental and physical health.

This guide explains the vital roles that health care providers can play in supporting treatment and recovery from mental and substance use disorders.

Understand the Issue...

Behavioral health conditions are a leading public health concern in the United States. Mental disorders are as disabling as cancer or heart disease in terms of lost productivity and premature death, and people with a serious mental illness have a life expectancy that is 25 years shorter than people without a serious mental illness.² Additionally, more than 23 million people in the United States are addicted to alcohol, prescription drugs, or illegal substances.³ These conditions are prevalent throughout every community, and for many, health care providers are a first line of support.

Prevention, treatment, and recovery services are not just the responsibility of behavioral health specialists. All health care professionals, including primary care doctors, nurses, physician assistants, emergency care providers, pharmacists, peer support specialists, therapists, and counselors play an important role in helping those with a mental and/or substance use disorder. Integrated, collaborative, and complementary care provides an individual with a mental and/or substance use disorder the best opportunity for support, treatment, and recovery.



Offering integrated care is critical to minimizing the effects of behavioral health conditions. This requires health care professionals to consider all of a person's health conditions at the same time. That way, it is easier to understand more about the whole person when making treatment decisions. Integrated health care consists of:⁴

- Medical and behavioral health services located either in the same facility or in separate locations, as long as they communicate and coordinate adequately;
- One treatment plan with both behavioral and medical elements;
- Typically, a team working together to deliver care, using a prearranged protocol;
- Teams composed of a physician and one or more of the following: physician's assistant, nurse practitioner, nurse, case manager, family advocate, or behavioral health therapist; and
- Use of a database to track the care of patients who are screened into behavioral health services.

Additionally, implementing an integrated care approach more effectively meets the needs of patients with a co-occurring mental and substance use disorder or a co-occurring physical and behavioral health condition. To fully recover from a co-occurring disorder, research indicates that a patient must receive treatment for both conditions – treating only one will not ensure the other will improve. For patients with co-occurring mental and substance use disorders, integrated treatment entails receiving appropriate treatment for both their mental and substance use disorders in a coordinated fashion, resulting in more effective treatment.

SAMHSA supports a "whole person" philosophy – which means caring for an individual's health condition and delivering services in a recovery-oriented system by providing connections to long-term community care services and supports, social services, and family services. By providing complementary care, behavioral health specialists and primary care professionals address the physical health issues that often correspond with behavioral health conditions. In addition to continually screening for behavioral health conditions and possible signs of relapse, practitioners should talk with patients about ways to improve their overall health, including making a commitment to a nutritional diet, daily exercise, social connections, and avoidance of nicotine, alcohol, and other substances.⁸

Recognize the Challenges...

To improve treatment and services provided to individuals with mental and/or substance use disorders, health care professionals can work to address the challenges often faced when providing behavioral health services, including:

• Lack of training: Many health care providers may not specialize in assessing mental and/or substance use disorders, or may not be trained on where to refer patients for treatment and recovery support services. Resources exist that can help providers point their patients in the right direction to get appropriate assistance. For instance, providers can consult with organizations, such as the American Mental Health Counselors Association (AMHCA), American Society of Addiction Medicine (ASAM), or NAADAC, the Association for Addiction Professionals, which provide training to health care professionals. Additional professional organizations can be found in the "Prevention, Treatment, and Recovery Resources" document in this toolkit. For referral options, providers can refer their local network of providers, insurance companies, and other resources such as SAMHSA's Treatment Locator (http://findtreatment.samhsa.gov) to find referral options in their local area.



- **Patient uncertainty:** Some patients may feel uncomfortable disclosing their behavioral health condition to a health care professional due to confidentiality fears, or because of public misconceptions that may fuel feelings of embarrassment or isolation. To help them feel more at ease, providers can use the following techniques to decrease a patient's anxiety about discussing sensitive topics:¹⁰
 - Normalize: Remind patients that many other people experience behavioral health conditions.
 - **Use transparency:** Explain the reasons why you are asking him or her about a behavioral health condition.
 - **Ask permission:** Give patients the option to discuss behavioral health conditions, as well as the option to not answer questions.
- **Time constraints:** Similar to other health care professionals, many primary care doctors lack the time to fully address the wide range of psychosocial issues that are presented by their patients. ¹¹ In fact, an average primary care physician visit lasts 10 minutes. ¹² Some screening tools for a behavioral health condition can take as little as two minutes. SAMHSA and HRSA's Center for Integrated Health Solutions (http://www.integration.samhsa.gov/clinical-practice/screening-tools) includes brief three-question screeners for a variety of behavioral health conditions. Also, provisions under the Affordable Care Act (ACA) designate funds for improving health information technology that will help paperwork to become standardized, leading to time savings and increased patient interaction that can be directed towards basic screenings. ¹³
- **Reimbursement issues:** Both health care professionals and patients are often concerned that behavioral health services might not be fully covered, if at all. However, under the ACA, many preventive screenings including screenings for depression, alcohol misuse, and behavioral problems for children of all ages must be covered without patients having to pay a copayment or co-insurance or meeting a deductible. Behavioral health treatment services also are part of "essential health benefits," which will require coverage by insurance offered in individual and small group markets as of January 1, 2014. 15
- Safe medication prescribing and management: With rates of prescription drug abuse on the rise, ¹⁶ health care providers may be concerned about safely managing a patient's medication regimen. Consider whether a patient has known risk factors of abuse or addiction, including:
 - Past cocaine use or history of alcohol or cannabis use;¹⁷
 - Lifetime history of a substance use disorder;¹⁸
 - Family history of substance abuse;¹⁹
 - Heavy tobacco use;²⁰ and
 - History of severe depression or anxiety.²¹

If a patient is at higher risk of problematic prescription use, health care professionals can implement more extensive monitoring and assessment methods.²² It is imperative that practitioners continually manage their patients' opioid use. Effective management requires practitioners to regularly assess and document the benefits and harms of opioid use. With diligent prescribing, management, and monitoring, health care providers can provide patients with prescription medicines safely and effectively.

By recognizing challenges to care and finding solutions, health care providers can help their patients live healthy, productive lives.



Help Patients With a Mental Illness...

As a health care provider, it is important to learn and recognize the signs and symptoms of mental illness and refer people to specialty treatment if necessary. A patient's mental health should be observed regularly to ensure that symptoms are detected early, helping lead to an intervention or the delay or prevention of a major mental illness.²³

Screening and Diagnosis

Providers can initiate the screening process by asking patients if they have experienced any of the following symptoms:²⁴

- Little interest or pleasure in doing things;
- Feeling depressed or hopeless;
- Trouble falling or staying asleep, or sleeping too much;
- Feeling tired or having little energy;
- Poor appetite or overeating; and
- Feeling down about themselves.

Some family doctors and pediatricians are qualified to diagnose common mental disorders such as depression, anxiety disorders, or attention deficit hyperactivity disorders. Other conditions, such as schizophrenia and autism, must be evaluated and diagnosed by qualified professionals who have specialized knowledge of mental health – psychiatrists, psychologists, psychiatric nurses, social workers, or mental health counselors.²⁵

Health care professionals can consult the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* to aid in diagnosing a specific mental illness. This manual classifies and describes more than 300 types of conditions, ranging from anorexia to schizophrenia.²⁶ In addition to the *DSM*, free screeners such as The Patient Health Questionnaire (PHQ) (http://www.phqscreeners.com) are available online to help health care professionals recognize common mental illness such as depression or eating disorders.

Referral

If it is suspected that a patient has a mental disorder, health care providers should direct the person to a behavioral health specialist for diagnosis and treatment. When referring a patient to medical treatment or therapy, emphasize that mental illness is common and treatment is effective. In a given year, less than one-third of adults diagnosed with a mental illness receive treatment,²⁷ so it is important to follow up with patients to ensure that they receive treatment.

Health care professionals and family members can work together to develop an appropriate plan that is tailored to an individual's needs. Common treatment options include:

- Psychotherapy;²⁸
- Medication therapy;²⁹
- Support groups;³⁰ and
- Peer specialists or other recovery support programs. 31



Refer to the "Treatment and Recovery" section of this toolkit for further information about these treatment options. Also visit SAMHSA's Treatment Locator (http://findtreatment.samhsa.gov) or the "Prevention, Treatment, and Recovery Resources" portion of this toolkit for more detailed information on local behavioral health treatment organizations.

Help Patients With a Substance Use Disorder...

Primary care providers, as well as professionals in emergency care, trauma care, and community health settings, can use SAMHSA's Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model (http://www.samhsa.gov/prevention/sbirt) to support patients with a behavioral health condition. SBIRT is an integrated public health approach to early screening and intervention for individuals with risky alcohol and drug use, and if needed, timely referral to more intensive substance abuse treatment.³² The approach includes the following steps:³³

- **1. Screening:** Determine whether patients are engaging in risky behavior that warrants intervention. This screening process typically takes 5 to 10 minutes. Commonly used screening tools, which are simple and easy to administer, are:
 - Alcohol Use Disorders Identification Test (AUDIT)
 - Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
 - Drug Abuse Screening Test (DAST)
 - Cut Down, Annoyed, Guilty, Eye-Opener Substance Abuse Screening Test (CAGE)
- **2. Brief intervention:** Depending on a patient's needs, providers should conduct a brief intervention that usually involves one to five sessions lasting about five minutes to one hour. The goal of brief intervention is to educate patients, increase their motivation to reduce risky behavior, address long-standing problems with harmful drinking and/or drug misuse, and urge patients to obtain more long-term care.
- **3. Referral to treatment:** Referral is recommended when patients meet the diagnostic criteria for substance dependence as defined by the *DSM*. Only three to four percent of screened patients in a primary care setting typically need to be referred, and this action can be critical in helping patients get appropriate and timely care before their conditions worsen.³⁴

In addition to becoming acclimated with the screening tools listed in step one, health care providers should be familiar with the signs and symptoms of substance use disorders, outlined in the "Overview" and "Young Adults" section of this toolkit.

With a commitment to screening, intervention, and referral, health care professionals can make a difference in their patients' lives.



Make a Difference During Recovery Month and Throughout the Year...

Health care providers can help spread **Recovery Month's** message every September and throughout the year. Consider taking the following steps:

- Seek volunteer and speaking opportunities: Health care providers who are equipped with the clinical knowledge and tools to prevent, detect, and treat mental and/or substance use disorders are valuable assets to all communities. Consider volunteering in underserved communities or speak at local schools and community groups about the importance of prevention and the positive effects of treatment and recovery on one's overall health and well-being.
- Attend trainings or continuing education courses: As with any health condition, trends and research
 surrounding behavioral health disorders constantly evolve. By staying current on these topics, health care
 providers can more effectively screen, assess, intervene, and refer individuals in need of treatment services.
- **Join in the celebration:** For patients in recovery, recognize their accomplishments and encourage them to continue to participate in support services, seek help whenever they may need it, and continue on their recovery journey one day at a time.

Additional Resources...

A variety of resources provide additional information on **Recovery Month** and/or mental and substance use disorders, as well as prevention, treatment, insurance enrollment information, and recovery support services. The toll-free numbers and websites below are available for people to share their experiences, learn from others, and seek help from professionals. Through these resources, individuals can interact with others and find support on an as-needed, confidential basis.

- **SAMHSA's Website (http://www.samhsa.gov):** Leads efforts to reduce the impact of mental and/or substance use disorders on communities nationwide.
- SAMHSA's National Helpline, 1-800-662-HELP (4357) or 1-800-487-4889 (TDD) (http://www.samhsa.gov/treatment): Provides 24-hour, free, and confidential treatment referral and information about mental and/or substance use disorders, prevention, treatment, and recovery in English and Spanish.
- SAMHSA's "Find Substance Abuse and Mental Health Treatment" Website (http://www.samhsa.gov/treatment): Contains information about treatment options and special services located in your area.
- **SAMHSA's ADS Center (http://www.stopstigma.samhsa.gov):** Provides information and assistance to develop successful efforts to counteract prejudice and discrimination and promote social inclusion.
- SAMHSA's Fetal Alcohol Spectrum Training/Center for Excellence (http://fasdcenter.samhsa.gov/education Training/EducationTraining.aspx): Provides education and training resources to help health care professionals prevent and treat fetal alcohol syndrome.



- National Suicide Prevention Lifeline, 1-800-273-TALK (8255) (http://www.suicidepreventionlifeline.org): Provides a free, 24-hour helpline available to anyone in suicidal crisis or emotional distress.
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) "Alcohol Screening and Brief Intervention
 for Youth: A Practitioner's Guide" (http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/
 YouthGuide.aspx): Helps health care professionals quickly identify youth at risk for alcohol-related problems.
- American Academy of Addiction Psychiatry (http://www2.aaap.org): Promotes accessibility of quality treatment for all who need it, educates the public to influence public policy regarding addictive illness, and provides continuing education for addiction professionals.
- American Psychiatric Association (http://www.psych.org): Works to ensure that humane care and effective
 treatment is given to anyone with a mental illness, including those with intellectual disabilities and substance
 use disorders.
- American Medical Association's (AMA's) Office of Alcohol and Other Drug Abuse (http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/alcohol-other-drug-abuse.shtml):
 Provides an array of resources on alcohol and other substances, including facts and policies, treatment and referral resources, and professional intervention details.
- American Society of Addiction Medicine (http://www.asam.org): Serves addiction health care professionals, aiming to improve the care and treatment of people with the disease of addiction and advance the practice of addiction medicine.
- International Association of Peer Supporters (http://na4ps.wordpress.com/mission): Promotes the inclusion of peer supporters throughout mental and behavioral health systems worldwide.
- Mental Health America (http://www.mentalhealthamerica.net): Offers resources about the realities of mental health and mental illness.
- NAADAC, The Association for Addiction Professionals (http://www.naadac.org/index.php): Membership association that serves addiction counselors, educators, and other addiction-focused health care professionals who specialize in addiction prevention, treatment, recovery support, and education.
- Psychology Today's Therapy Directory (http://therapists.psychologytoday.com/rms): Allows users to
 locate a therapist, psychologist, or counselor who specializes in mental illness by city or zip code throughout
 the United States.

Use the following resources to learn about the impact of health reform on access to prevention, treatment, and recovery support services:

- **BHBusiness (http://www.saasnet.org/bhb):** Offers targeted training and support for behavioral health care executives, CEOs, and directors, including health care insurance enrollment training information.
- Center for Financing Reform and Innovation (http://www.samhsa.gov/healthreform): Supports the need for information, analysis, products, and technical assistance to address significant changes in the organization and financing of behavioral health care, as well as the need to guide and support governments and people on how to most effectively and efficiently use available resources to meet the prevention, treatment, and recovery support needs of the public.



- **Healthcare.gov (http://www.healthcare.gov/index.html):** Contains information on finding health insurance options, help using insurance, information on the Affordable Care Act, help comparing providers, and information on prevention and wellness resources.
- Kaiser Family Foundation (http://www.kff.org/healthreform/upload/8061.pdf): Issued by a non-profit health policy and communications group, this document provides a summary of the comprehensive health reform law. It discusses the law and its provisions to expand coverage, control health care costs, and improve the health care delivery system. Visit the Kaiser Family Foundation's Health Reform Source (http://healthreform.kff.org) for more information.
- SSI/SSDI Outreach, Access, and Recovery (SOAR) (http://www.prainc.com/soar/about/default.asp): Increases access to Supplemental Security Income and Social Security Disability Income for eligible adults who are homeless or at risk of homelessness and have a mental and/or substance use disorder.
- The Parity Implementation Coalition's Parity Toolkit (http://www.facesandvoicesofrecovery.org/pdf/final_parity_toolkit.pdf): Created by organizations including the *Recovery Month* Planning Partners, this toolkit aids individuals seeking help and individuals in recovery, as well as their families, providers, and advocates, in understanding their rights and benefits under the Mental Health Parity and Addiction Equity Act.

Inclusion of websites and resources in this document and on the *Recovery Month* website does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.



Sources:

- ¹ Substance Abuse and Mental Health Services Administration, Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011, p. 65.
- ² Parks, J. et al. (2006). Morbidity and Mortality in People with Serious Mental Illnesses. National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, Alexandria, VA.
- ³ National Council on Alcoholism and Drug Dependence. (n.d). Stories of Hope, Help and Healing. Retrieved September 19, 2012, from http://www.ncadd.org/index.php/get-help/recovery-
- ⁴ Collins, C., Hewson, D., Munger, R., and Wade T. (2010). Evolving Models of Behavioral Health Integration in Primary Care. Milbank Memorial Fund. Retrieved September 19, 2012, from http://www.milbank.org/reports/10430EvolvingCare/EvolvingCare.pdf, p. 12-13.
- ⁵ National Alliance on Mental Illness. (2003). *Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder.* Retrieved September 21, 2012, from http://www.nami.org/Content/ContentGroups/Helpline1/Dual_Diagnosis_and_Integrated_Treatment_of_Mental_Illness_and_Substance_Abuse_Disorder.htm.
- ⁶ Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. Retrieved on December 13, 2012, from http://www.ncbi.nlm.nih.gov/books/NBK64197/pdf/TOC.pdf, p. xix.
- ⁷ Substance Abuse and Mental Health Services Administration, Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011, p. 67.
- ⁸ Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's Wellness Initiative Information for General Health Care Providers. Retrieved September 19, 2012, from http://store.samhsa.gov/shin/content//SMA12-4566/SMA12-4566.pdf.
- 9 Anderson, P., Aromaa, S., Rosenbloom, D., Enos, G. (2008). Screening & Brief Intervention: Making a Public Health Difference Report. Retrieved September 19, 2012, from http://www.jointogether.org/aboutus/ourpublications/pdf/sbi-report.pdf, p. 7.
- ¹⁰ McBride, R. (2010). Talking to Patients About Sensitive Topics: Techniques for Increasing the Reliability of Patient Self-report. Retrieved September 19, 2012, from http://www.drugabuse.gov/sites/default/files/sensitive-topics-handout_0.pdf, p 14.
- ¹¹ Collins, C., Hewson, D., Munger, R., and Wade T. (2010). Evolving Models of Behavioral Health Integration in Primary Care. Milbank Memorial Fund. Retrieved September 19, 2012, from http://www.milbank.org/reports/10430EvolvingCare/EvolvingCare.pdf, p. 1.
- 12 Yawn, B., Goodwin, M.A., Zyzanski, S. J., and Stange, K. (2003). Time Use During Acute and Chronic Illness Visits to a Family Physician. Family Practice, 20(4), 474–7.
- 13 Substance Abuse and Mental Health Services Administration. (2010). Strategic Initiative #6: Health Information Technology, Electronic Health Records and Behavioral Health. Retrieved September 19, 2012, from http://www.samhsa.gov/about/siDocs/healthIT.pdf, p. 1-2.
- ¹⁴ Substance Abuse and Mental Health Services Administration. (2011). Prevention in Health Reform Affordable Care Act Prevention Timeline. Retrieved September 19, 2012, from http://www.samhsa.gov/healthReform/prevention.aspx.
- ¹⁵ Office of the Assistant Secretary for Planning and Evaluation. U.S. Department of Health and Human Services. (2011). Essential Health Benefits: Individual Market Coverage. Retrieved September 19, 2012, from http://aspe.hhs.gov/health/reports/2011/IndividualMarket/ib.pdf.
- ¹⁶ National Institute on Drug Abuse. (2011). Research Reports: Prescription Drugs: Abuse and Addiction. Retrieved September 19, 2012, from http://www.drugabuse.gov/publications/research-reports/prescription-drugs/director.
- ¹⁷ Ives, T., et al. (2006). Predictors of Opioid Misuse in Patients with Chronic Pain: A Prospective Cohort Study. BMC Health Services Research 2006, 6(46). Retrieved February 14, 2013, from http://www.biomedcentral.com/1472-6963/6/46/about.
- ¹⁸ Michna, M., et al. (2004). Predicting Aberrant Drug Behavior in Patients Treated for Chronic Pain: Importance of abuse history. Journal of Pain and Symptom Management, 28(3), 255. Retrieved February 14, 2013, from http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392404001915.pdf.
- ¹⁹ Michna, M., et al. (2004). Predicting Aberrant Drug Behavior in Patients Treated for Chronic Pain: Importance of abuse history. *Journal of Pain and Symptom Management*, 28(3), 255. Retrieved February 14, 2013, from http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392404001915.pdf.
- ²⁰ Akbik, H., et al. (2006). Validation and Clinical Application of the Screener and Opioid Assessment for Patients with Pain (SOAPP). Journal of Pain and Symptom Management, 32(3), 288. Retrieved February 14, 2013, from http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392406003472.pdf.
- ²¹ Akbik, H., et al. (2006). Validation and Clinical Application of the Screener and Opioid Assessment for Patients with Pain (SOAPP). Journal of Pain and Symptom Management, 32(3), 288. Retrieved February 14, 2013, from http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392406003472.pdf.
- ²² Gourlay, D., Heit, H., and Almahrezi , A. (2005). Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain. *Pain Medicine*, 6(2), 107-112. Retrieved February 14, 2013, from http://onlinelibrary.wiley.com/doi/10.1111/j.1526-4637.2005.05031.x/full.
- ²³ American Psychiatric Association. (2009). Let's Talk Facts About: Warning Signs of Major Mental Illness. Retrieved September 19, 2012, from http://www.healthyminds.org/Document-Library/Brochure-Library/Warning-Signs-of-Major-Mental-Illnesses.aspx.
- 24 Pfizer. (2005). Patient Health Questionnaire (PHQ-9). Retrieved September 19, 2012, from http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf.
- ²⁵ National Institute of Mental Health. (n.d.). Teachers Guide. Information about Mental Illness and the Brain. Retrieved September 19, 2012, from http://science.education.nih.gov/supplements/nih5/mental/quide/info-mental-a.htm.



- ²⁶ American Psychiatric Association. (2012). Diagnostic and Statistical Manual. Retrieved September 19, 2012, from http://www.psych.org/mainmenu/research/dsmiv.aspx
- ²⁷ U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, pp. 408-409, 411.
- 28 National Institute of Mental Health. (2012). Psychotherapies. Retrieved September 19, 2012, from http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml.
- ²⁹ National Alliance on Mental Health. (n.d.). What is Mental Illness Mental Illness Facts. Retrieved September 19, 2012, from http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm.
- 30 Mental Health America. (2012). How Do I Find a Local Support Group? Retrieved September 19, 2012, from http://www.mentalhealthamerica.net/go/find_support_group.
- ³¹ Valentine, P., White, W., Taylor, P. (2007). The Recovery Community Organization: Toward A Working Definition and Description. Retrieved September 19, 2012, from http://www.facesandvoicesofrecovery.org/pdf/valentine_white_taylor_2007.pdf, p. 1.
- ²² Substance Abuse and Mental Health Services Administration. (2011). Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. Retrieved September 19, 2012, from http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf, p. 2.
- ³³ Substance Abuse and Mental Health Services Administration. (2011). Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. Retrieved September 19, 2012, from http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf.
- ³⁴ Substance Abuse and Mental Health Services Administration. (2011). Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. Retrieved September 19, 2012, from http://www.samhsa.gov/prevention/sbirt/SBIRT\whitepaper.pdf, p. 6.